

C - Coordinating Council minutes

10 - Minutes - 1968

E - 1964-1968

Miss Sherwin

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

Coordinating Council Minutes

Date, Time and Place: October 5, 1964, 10:00 a.m. -- 12:00 noon, in Miss Sleeper's suite.

Present: Misses Hardeman, Norton, Petzold and Sherwin from the School; Miss Corkum, Coughlin, Grady, Lepper and Quinlan from Nursing Service; and Miss Sleeper.

Visitor: Miss Woodward

Absent: Mrs. Braman and Miss Farrisey

Agenda:

1. Miss Lepper announced that Miss Sleeper received her fourth honorary doctorate during the recent celebration of the 125th Anniversary of Albany Medical Center. The group rejoiced for and with Miss Sleeper. Miss Lepper read the paper Miss Sleeper presented on nursing prior to the award.

Copies will be available through the MGH Quarterly.

2. The Freshman students will start observations in specified clinical areas on October 12th. Miss Sherwin and Miss Grady will plan for instructor-head nurse meeting prior to students arrival on the medical nursing units.
3. New medicine procedure will start in Baker this week.
4. One step was omitted in the medicine pouring procedure. The corrected procedure was posted on the Faculty Bulletin Board in the Coordinators' Office on October 6th.
5. The rest of the meeting was spent in evaluating senior students readiness to begin assuming increased responsibilities for nursing care of patients.
6. Senior nursing experiences in the White Building
 - a. Miss Quinlan stated that the supervisors and head nurses in the White Building felt senior nurses adjusted more easily this year. Several contributing factors were noted:
 1. Intersession period facilitated transitional phase.
 2. Faculty assignment plans were completed in June and were more evenly distributed.
 3. Three third year instructors for first six months (last year there were only two).
 4. More permanent staff nurses on units in August and September than at same time in 1963.
 5. Good head nurse-instructor interpersonal relationships.

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7. Senior nursing experience in Baker

- a. Miss Corkum stated senior nursing students adjusted with usual facility to day assignments but with less facility to night experiences. Several contributing factors were noted:
 1. New medicine pouring procedure in process of being established.
 2. More staff in process of being oriented; therefore, senior nursing students carried more responsibility.
 3. Fewer permanent night nurses during this interval.
 4. Students felt they had to assume responsibility too rapidly on two services.

8. Senior nursing experiences in Bulfinch

- a. Miss Grady stated that two head nurses noted students adjusted more slowly than last year. On the other three medical units, senior nursing students appeared to adjust rather easily.
- b. Medicine pouring procedure performed very slowly inspite of supervisions during intersession. Errors appear related to carelessness in noting second page of orders.
- c. Attitudinal problems noted in three students. Head nurses and instructor have been following through with guidance.
- d. Contributing factors noted:
 1. Few graduate nurses on lower Bulfinch services -- senior nursing students had to assume responsibilities rapidly.
 2. Senior nursing students spoke highly of teaching and leadership qualities of specific head nurses.

9. Recovery Room experiences.

- a. New head nurse in White Recovery Room. Two students assigned to the Baker Recovery Room spoke very highly of their learning experiences.

10. The Coordinating Council recognized need for clinical experts in nursing and the increased use of nursing care plans to help patients.

11. Staff education noted that graduates of 1964, as a group, seemed more receptive, understanding, and mature.

The meeting adjourned at noon.

Respectfully submitted,

Katherine Hardeman
Secretary, Pro-tem

Miss Sherwin

MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING

Coordinating Council Minutes

Time, Date and Place: December 7, 1964, 10:00 a.m. - 12 noon, in Miss Sleeper's suite

Present: Misses Corkum, Coghlan, Grady, Hardeman, Hilyard, Lepper, Norton, Perkins, Petzold, Quinlan, Sherwin and Sleeper, Chairman.

Absent: Miss Farrisey and Mrs. Braman.

Agenda:

1. Minutes of October 5, 1964, accepted as circulated.
2. Massachusetts General Hospital Fund Raising Brochure has been placed in Palmer Davis Library reference materials.
3. The main topic of discussion was plan of patient care and nursing notes. Miss Petzold presented a resume' of the implemented curricular approach to the planning for and writing of nursing care plans and notes.

First Year Program:

Nursing I - The students are introduced to the problem solving approach and planning of patient care in class. Four hypothetical situations are presented with two patients who are ambulatory and two who are on bed rest. Written out of class assignments and guides used in problem solving approach and in writing nurse care plans were circulated. This is applied in the clinical area to the extent that the student is ready under the teacher's guidance. It was noted that on some units the head nurses had requested that beginning students not write nursing notes directly in the Kardex.

Nursing II - During the medical-surgical clinical nursing experience of adults, students write notes on assigned patients as a planned part of their clinical experience. The students write nursing notes in the Kardex and are guided by the instructor in this so that they learn to record pertinent information in a concise, meaningful way. Students also keep daily record of experience in which they identify major nursing care problem and how they helped to solve it. The form used for this out of class assignment was circulated.

4. Miss Hardeman reported on the second and third year clinical experiences which provide opportunity for the writing of Nursing Care plan and notes.

Nursing Care of Children

Students write six nursing care plans during their clinical experience. The nursing care plan and nursing notes are written on 5 x 7 cards and are then filed in the Kardex. (Inadequate space on current form.)

5. Discussion

The lack of written nursing care plans on the units, which students may use as a guide and which reinforce the value of written plans in providing continuity of care was discussed.

What would happen if the School required all nursing notes to be written directly in the Kardex forms provided?

Currently, nursing notes may appear to be an artificial, superimposed requirement.

What would happen if the School were to set this as a policy for all students? If it were discussed with head nurses, we could plan together for implementation and follow through.

What would be some value in such a procedure? It is one way in which students can see this as a valid tool for communications which are essential for team nursing.

6. Senior Nursing Experiences

There are two nursing care plans assigned during team leadership classes. Primary emphasis is placed on nursing diagnosis, pertinent succinct recorded information, progress in teaching, and use of the above in team planning and teaching. The number and quality of nursing care plans and nursing notes depend greatly on the attitude of head nurses and team leaders on clinical units toward the importance and use of such plans and notes.

The lack of continuity in patient assignments in senior nursing experiences on various clinical units decreases the stimulus to write nursing care plans. Many factors enter into the lack of continuity of patient assignment. Nursing care plans and notes are written during co-team nursing assignments and with more regularity and frequency on clinical units where team conferences are more frequently held; e.g. in the White Building on 5, 10 and 11 and somewhat increasingly on White 6 and 7. It was noted that White 12 could probably provide a wealth of opportunity in this area.

It was mutually agreed that active plans to promote the writing of nursing care plans and notes should be made.

It was suggested that there be a meeting of the nursing department at which the School's expectations of students relative to keeping nursing notes and writing nursing care plans be discussed. This meeting would be planned for after the holidays.

It was agreed that on Baker Memorial 9, White 6, Bulfinch 2 and on Burnham 5, head nurses and instructors would conduct a study of student assignments to patients and to identify the problems in assigning students to the same patients on consecutive days. Miss Petzold agreed to call a meeting of nursing service and faculty members involved to set up plans for the study.

It was proposed that senior students be required to write nursing care plans when there is more continuity in patient assignment. If time during the clinical experience day did not permit, then the seniors should do this as an out of class assignment with relation to the patients to whom she is assigned the following day.

7. Announcements

The senior nursing instructors are trying to improve in the expertness of nursing care by doing bedside nursing in an area within or related to their clinical specialities. Nursing service is impressed with their effort. Miss Hibbard found her experience on White 11 helpful and valuable. Miss Keeley is finishing her experience on White 11. Miss Hilyard will go to Bulfinch 3 next week. After the holidays Miss Craig and Mrs. Calogiro will go for two weeks experience each in the Respiratory Unit.

Miss Grady announced that as of Monday, construction will start on Burnham 6 N wing conversion to a critical care unit for children with burns.

In July there is contemplated reconstruction in the northwest wing of the Bulfinch Building.

White 9 may be moved to Warren 12 in the early part of the New Year.

Winchell School is in the process of being reconstructed.

Miss Lepper gave the group some startling statistics:

In November, except for Thanksgiving Day, there were 900+ patients in the hospital. On 11 days there were 1000+ patients -- an average of 61 more patients a day than last year.

We have 35 more graduates this year than last year and fewer resignations in the fall.

Drug Computer Project Manual was given to Miss Perkins to be placed in the Library for reference.

The meeting adjourned at 12 noon.

Respectfully submitted,

Katherine Hardeman
Secretary, Pro-tem

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

COORDINATING COUNCIL MINUTES

Time, Date, and Place: February 8, 1965; 10:00 a.m. - 12 noon in Miss Sleeper's suite.

Present: Misses Brady, Corkum, Hardeman, Hilyard, Lepper, Norton, Perkins, Petzold, Quinlan, Mrs. Braman, and Miss Sleeper, presiding.

Absent: Misses Coghlan, Farrisey, Grady, Sherwin.

Minutes of meeting on December 7, 1964 accepted as circulated.

I. Miss Lepper

1. Mr. Paul Diels, a former management consultant, has been appointed the new Coordinator of Unit Managers.
2. The critical care unit on Burnham 5 opened February 3 and has three patients at present.
3. The transplant unit on White 12 will be ready in about three weeks. This unit will be staffed separately from White 12 and will require strict "Reverse Precautions." The unit will have some connection with White 10. A nurse skilled in Dialysis will be employed and she will not assume Assistant Head Nurse responsibilities as does the "clinical specialist" in Dermatology on White 8.
4. A review of the patient census indicates that "records are continually being broken."

Example: 1,037 patients hospitalized on one day during week of February 1, 1965.

In January, 1965:

2 days -	700 patients
1 day -	800 "
14 days -	over 1,000 patients
6 days -	more than 100% occupancy without pediatric units full (1,018-1,026 patients).

Capacity "presumably" between 1,013-1,017 beds.

The so-called "definite" admissions have been reduced one fourth and there has been a great increase in patients having to be "on call" for scheduled admissions. This condition exists throughout the Boston hospitals. We are reminded that:

Massachusetts is 8th in the U.S. in number of beds/
hospitals

7th in relation to percentage of admissions

7th-8th in relation to number of doctors/
population

5th in relation to number of nurses/
population.

A review of the census during January of each year from 1955-1965 indicates:

- 1) 1955 - slightly more than 1 staff nurse per 4 patients (including Operating Room).
- 2) 1965 - slightly less than 1 staff nurse per 2 patients.

Note: No apparent differences in "agony" expressed regarding shortages. At present there are 970+ nurses employed.

5. It was clarified that forms for Nursing Care Plans in the Kardex are available in the Upper Store.
6. Due to illness of many personnel, it has been decided to cancel the combined meeting of Faculty and Nursing Service and plan to re-schedule it for a later date.
7. It was suggested that consideration be given to planning the Nursing Department "Christmas" tea which had been postponed until spring.
8. Miss Winston has been appointed Supervisor for White 7, E.W. and O.N.W. Miss O'Leary has been appointed as an Evening Supervisor for a six-months period.
9. There will be a hearing at the State House on February 12 at 10:00 a.m. regarding regulations proposed by the Board of Registration in Nursing in relation to functions performed by nursing personnel in hospitals (voluntary hospitals primarily). Miss Lepper stated that these regulations have been presented in an effort to overcome former weaknesses in existing laws but the new recommendations pose serious questions for current nursing practices and staffing patient care units. A group of Nursing Service Administrators in Boston have prepared a statement which will be presented at the hearing by Miss Sleeper.

II. Miss Sleeper

1. Questionnaires have been received from graduates in classes of 1962 and 1963. Although they have not been analyzed in detail, there appear to be some general conclusions:
 - a. Responsibility expected of the third year student is greatly appreciated. The co-team leadership experience did not seem to be as helpful as evening and night duty experience.
 - b. There seems to be a need for greater help in "working with students" and how to work with various groups (doctors, etc.).
2. Beth Israel Hospital has announced that they will no longer accept admissions to the diploma program and they anticipate an increasing relationship with the Northeastern University College of Nursing.
3. The Trustees have voted to rent some apartments at Charles River Park so that they may be re-rented to graduate nurses. (Staff nurses initially).

4. Warren 12 will become a patient care area of approximately 51 beds.

III: Miss Norton

A brief review of the alternate diploma program was presented as well as a general description of the objectives and plans for the Senior Nursing Period of 24 weeks clinical experience and 4 weeks of vacation. Meetings will be held with appropriate nursing service personnel to acquaint them with the details of specific phases of the program, and to determine the role of the head nurse in the student's clinical program. Questions raised brought out the following points:

1. Students will receive a grade which will be a combination of formal classes and clinical practice. A clinical practice evaluation guide is being developed and methods for involving head nurses in the assessment of students' clinical competence need to be developed.
2. Some way needs to be devised to assess the development of independent thinking and learning by the senior student.
3. There has been some opinion expressed that students in this program appear to be more highly motivated toward study and appear to be more widely read (from their verbal contributions in class).
4. For a major portion of their nursing courses (Fundamentals, Medical-Surgical Nursing and Senior Nursing) there have been the same teachers associated with the students, and there appears to have been some value in the continuity of instructors and the size of the student group.
5. Students will have planned night duty experience but will be considered as "extra" in terms of forecasting staff requirements.
6. As students in this program joined students from the standard program in maternity nursing, pediatric nursing, nursing of the ambulatory patient and operating room nursing, there have not been any significant differences in the performance of students in either program on teacher-made tests, NLN Achievement Tests, or clinical practice ratings. Reports from psychiatric nursing experience have not yet been received for all of the first class of students in the program.

Respectfully submitted,

Irene Norton
Secretary pro tem

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

MINUTES OF COORDINATING COUNCIL

Time, Date and Place: June 7, 1965, 10:00 a.m. - 12 noon, in Miss Sleeper's suite.

Members Present: Misses Brady, Hardeman, Hibbard, Norton, Sherwin, Petzold, Corkum, Grady, Lepper, Quinlan and Sleeper, Chairman.

Members Absent: Misses Farrisey, Huggard and Coughlan.

Visitors Present: Dr. Thumm and Boston University students in Nursing Supervision and Administration.

Agenda:

1. Introductions of members and visitors.
2. Miss Sleeper presented the history and purpose of Coordinating Council.
3. Proposed construction changes in Bulfinch were announced. Bulfinch 1 and 3 will lose space; e.g. dietary and utility rooms. In operation first stage, wards will be closed only one week sometime between July 1 and August 15, 1965. There may need to be a redistribution of students during that week.

In operation second stage, a corridor will be built connecting Bulfinch and White Buildings. The present Central Nursing Office will become part of the passageway and part of the mimeograph and photo copier room. Miss Hick's office will become the office of the coordinator of unit managers. The school registrar's office will become the Central Nursing Office. The files used by nursing service will be kept in the Coordinators Office.

4. Patios off the Warren, Baker, Vincent and White buildings will be furnished with tables, chairs and benches.
5. In October, new patient unit on Warren 12 to be known as Baker Memorial 12 will be opened for 38-39 patients. Student experience may be available on this unit.
6. Miss Quinlan stated the medicine cart system is being tried on Overnight Ward. In Burnham, there is considerable concern about the use of the cart.
7. Miss Petzold presented information to the Assistant Directors about relocation of files with information related to evening and night supervision. Mrs. Wright's office in Winchell 3 will contain the student card file currently in Central Nursing Office. There are now card records of students name, home address, home telephone numbers and clinical assignments at the desk in Bartlett Hall. The supervisors may call Mrs. Wright from 8:30 a.m. - 5 p.m. for this information and Bartlett Hall from 5 p.m. until 8:30 a.m. Bartlett Hall also has the names, addresses and telephone numbers of the faculty. The White front desk will continue with its current activities.

Records of former M.G.H. students may be obtained from Mrs. Wright's office. All permanent cards have been microfilmed. The school is investigating the purchase of a microfilm reader. The Alumnae file is in Central Nursing office files and is cross indexed with the school file. Miss Fitch will take over changes in address.

WASSAHOUCETT GENERAL HOSPITAL
BOSTON, MASSACHUSETTS
WEDNESDAY, MAY 12, 1965

Time, Date and Place: June 1, 1965, 10:00 A.M. in Miss Slagter's suite.
Members Present: Miss Slagter, Dr. Thomas, Dr. Brown, Dr. Smith, Dr. Jones, Dr. White, Dr. Black, Dr. Green, Dr. Grey, Dr. Yellow, Dr. Blue, Dr. Purple, Dr. Brown, Dr. Black, Dr. Green, Dr. Grey, Dr. Yellow, Dr. Blue, Dr. Purple.
Members Absent: Dr. Thomas, Dr. Brown, Dr. Smith, Dr. Jones, Dr. White, Dr. Black, Dr. Green, Dr. Grey, Dr. Yellow, Dr. Blue, Dr. Purple.
Visitors Present: Dr. Thomas and Boston University students in Nursing Observation and Administration.

Agenda:

1. Introduction of members and administration.
2. Miss Slagter presented the history and purpose of Coordinating Council.
3. Proposed constitution changes in Bulletin were announced. Bulletin 1 and 2 will lose space; e.g. history and utility rooms. In operation time slots, words will be closed and one week meeting between July 1 and August 15, 1965. There may need to be a redistribution of students during that week.
4. In apartment building stage, a corridor will be built connecting Bulletin and White Buildings. The present Council House will become part of this passageway and part of the kindergarten and school office. Miss Black's office will become the office of the coordinator of unit managers. The school registrar's office will become the Council Nursing Office. The line used by nursing service will be kept in the Coordinators Office.
5. Photos of the Warren, Baker, Vincent and White buildings will be furnished with tables, chairs and benches.
6. In October, new resident unit on Warren 12 to be known as Baker Memorial 12 will be opened for 25-35 patients. Student expenses may be available on this unit.
7. Miss Galtman stated the medical care system is being built on Galtman Ward. In Bureau, there is a computer system about the use of the unit.
8. Miss Galtman presented information to the Assistant Directors about relocation of files with information related to evening and night operations. Mrs. Wright's office in Winchell 2 will oversee the student care. This currently in Central Nursing Office. There are now records of students' names, home address, phone numbers and clinical assignments at the desk in Winchell Hall. The supervisors may call Mrs. Wright from 8:30 A.M. - 5 P.M. for this information and Winchell Hall from 2 P.M. until 8:30 A.M. Bulletin Hall also has the names, addresses and telephone numbers of the faculty. The White front desk will continue with the current activities.
9. Records of former N.C.H. students are distributed from Mrs. Wright's office. All pertinent data have been transferred. The school is investigating the purchase of a microfilm reader. The Alumni file is in Central Nursing Office. This file is cross indexed with the school file. Miss Black will take over changes in address.

June 7, 1965

Health files remain in Health supervisor's office in Walcott.

Files on students being processed for Admission are in Mrs. Michelson's office in Walcott 1.

Mrs. Davis, Miss Petzold's secretary, is a full time employee and can locate teachers 8:30-5:00 p.m. as needed.

Evening and night supervisors need only be concerned with students who are ill. When the student is admitted as a patient, the supervisor involved will take over.

References requested by alumnae who have been employed at M.G.H. may be obtained from Bartlett Hall files.

Miss Hicks will obtain information for student's records from time sheets at noon time daily.

The school is still working on problems related to keys and key board, films, mail, etc.

8. Student assignments for clinical experience

The school requests clinical assignment areas from Miss Lepper in March. First and second year assignments are worked out mutually between instructor and head nurse: the instructor requests the type of experiences needed and head nurse decides who will care for patients. Currently many requests for weekend assignments are made by patient name; consequently there may be a change in patient assignment.

9. Is this the time to write out philosophy of and guide lines for assignments which should provide improved patient care and student learning experience? Both instructor and head nurse must understand each others expetations. Head nurse has responsibility for providing instruction for staff and aids; instructor has responsibility for teaching students. It was noted that Freshman nursing students would not be ready for weekend assignments until the end of the third quarter in June unless there is a way to move the content in Nursing II forward.
10. Miss Bruce from Bulfinch 7 and certain specified nurses are working toward enhancing the emotional support of the patient on the lower Bulfinch services and the Vincent. Miss Sherwin is also exploring ways and means of fostering positive mental health approaches to patients problems.

Respectfully submitted,

Katherine Hardeman
Secretary, Pro-tem

June 7, 1962

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COORDINATING CONSULTING NURSES

Health files remain in Health Supervisor's office in Walcott.

Files on students being processed for admission are in Mrs. Nicholson's office in Walcott.

Mrs. Davis, Miss Peterson's secretary, is a full time employee and can locate teachers 8:30-5:00 p.m. as needed.

Evening and night supervisors need only be contacted with students who are ill. When the student is admitted as a patient, the supervisor involved will take over.

Notations requested by alumnae who have been employed at N.S.H. may be obtained from District Health Files.

Miss Hicks will obtain information for students' records from the sheets of noon time daily.

The school is still working on problems related to boys and boy board, films, walls, etc.

8. Student assignments for clinical experience

The school requests clinical assignments from Mrs. Larson in March. First and second year assignments are worked out mutually between instructor and head nurse. The instructor requests the type of experience needed and head nurse decides who will care for patients. Currently many requests for weekend assignments are made by patient nurse; consequently there may be a change in patient assignment.

Is this the time to write out philosophy of and guide lines for assignments which should provide improved patient care and student learning experience? Both instructor and head nurse need understand each other's expectations. Head nurse has responsibility for providing instruction for staff and aids; instructor has responsibility for teaching students. It was noted that Freshman nursing students would not be ready for weekend assignments until the end of the third quarter. It was noted that there is a way to solve the problem in Nursing II tomorrow.

10. Miss Bruce from Duluth V and certain specified nurses are working toward enhancing the national support of the patient on the lower Duluth services and the Vincent. Miss Steinhilber is also exploring ways and means of fostering positive mental health experiences to patients programs.

Respectfully submitted,

Katherine Nordman
Secretary, Program

11/5/62
12/1/62

The Coordinating Council met in Miss Sleeper's suite on November 17, 1965.

Present: R. Sleeper, E. Lepper, H. Coghlan, F. Grady, R. Farrissey (recording), M. Quinlan, M. Huggard, A. Cornum, N. Petzold, K. Hardeman, M. Tapper, E. Zinsmeister, S. Perkins, A. Brady, H. Sherwin, R. Pitt.

1) Scholarship/Tuition Report - E. S. Lepper.

--This Fall, the largest number of scholarships to date have been granted.

--112 Scholarships at Universities, of which number, the Faculty accounts for 6.

--Credit Course being given on premises - Mrs. Ritvo - 12 attending

--Scholarships being used at the following colleges:

B.C. 5	Simmons 1
B.U. 60	Suffolk 1
Northeastern 10	Harvard Ext. 2

--After listing the courses being taken, Miss Lepper commented on the need for guidance in course choice and suggested that ways and means to such guidance must be sought.

--Miss Tapper commented on the dearth of nursing courses being given in late afternoon and evening hours.

--Guidance points: early registration, career planning, meeting some of the needs of our nurses by means of formal education, the implications of course credit and the realities of credit accumulation toward a degree, etc. (Miss Sleeper reviewed facts re: Northeastern, B.C., B.U., Simmons), current information on master's programs.

2) Student Coats.

The problem of coat storage for student coats as well as coats for personnel was discussed. It was agreed that outer garment care for all employees represented a problem. It was left that Nursing Service would investigate potentials for better utilization of closet space afforded.

3) Miscellaneous.

Poverty Program Participant (Northeastern Student) now employed 15⁰/week - Bulfinch Building Saturdays and Sundays. Activities program for elderly people (Report of Miss Grady).

Miss Sleeper described Corps. of Volunteers acting as Mother Substitutes at Children's Medical Center. Miss Grady described a beginning similar program in cooperation with L.V.C.'s (Mrs. Haydock) at Burnham.

4) Nursing Care Planning.

Miss Grady described Nursing Care Planning around appropriate use of the Cardex and around narrative and outline plans in Vincent-Burnham and Bulfinch. She suggested that there may be some conflict over the form or tool to be used in Nursing Care planning. She commented on the need to develop team leaders and care planners among the staff and the possible denial of student nurses' experience in planning.

Miss Farrissey spoke to the developing plan in the Clinics, to the involvement of both service and school personnel, and to the necessity for further development to be done in Dec.

Miss Quinlan and Miss Hardeman reviewed activity in care planing on White 5ac,b, 8,11.

There was a review of problems brought out in some plans. The hospital's lack of nursing notes or progress notes was commented upon as a problem in keeping nursing care plan current.

What came to light was the problem of continuity in care planning with the realities of shift and staffing patterns, the variation of day-to-day assignment, how to record progress so that the plan is carried forward without back-tracking, etc.

Some discussion of the pro's and con's of having time planning, evaluation, and assignments totally in the hands of faculty ensued. No decisions were reached.

Common understandings re: nursing care planning (service and school) will be explored by an appointed group. (M. Quinlan, T. Kearney, F. Grady, Staff Education representative, A. Brady, E. Zinsmeister, N. Petzold, Keeley - suggested membership committee to elect its own chairman; N. Petzold will call meeting.

5) Report of Blackout on 11-9-1965 - E. S. Lepper.

6) Parking Problems.

Background of planning for parking by MGH and Urban Redevelopment was reviewed by Miss Sleeper.

Permit (month by month) system will be in force - not sticker system.

Yards will have definite populations by specific assignment.

Nashua Street lot being negotiated for by the Hospital.

Personnel Office now in charge of parking - not Dr. Clay.

Charge of \$10.00/month for parking may be put into effect 1/1966 (payroll deduction plan being worked out).

Respectfully submitted,

Ruth M. Farrissey

RMF:meb

Some discussion of the pro's and con's of having time planning, evaluation, and analysis made totally in the hands of faculty ensued. No decision was reached.

Common understandings re: nursing care planning (nurses and school) will be emphasized by an appointed group. (M. Gribben, T. Kearney, P. Gedy, Staff Education representative, A. Brady, E. Zimmerman, N. Potvin, Kathy - suggested membership committee to elect its own chairman; N. Potvin will call meeting.

5) Report of Blackout on 11-9-1985 - E. S. January.

6) Parity Problem.

Background of planning for parity for NNN and Urban Indemnity was reviewed by Miss Elzevier.

Parity (month by month) system will be in force - not either system.

Parity will have definite population by specific assignment.

Nathan Street is being negotiated for by the Hospital.

Personnel Office now in charge of parity - not Mr. Gray.

Change of \$20.00/month for parity may be put into effect 1/1986 (payroll deduction plan being worked out).

Respectfully submitted,

Bill M. Harvey

BT:mas

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

Minutes, Coordinating Council

Time: Monday, January 10, 1966 - 10:00 - 12:15 noon

Place: Miss Sleeper's Apartment

Present: Miss Sleeper, Miss Lepper, Miss Corkum, Miss Huggard, Miss Sherwin,
Miss Tapper, Miss Quinlan, Miss Brady, Miss Zinsmeister, Miss Keeley,
Miss Hardeman, Miss Grady

Absent: Miss N. Petzold, Miss S. Perkins, Mrs. R. Pitt, Miss H. Couglin,
Miss Farrissey

Miss Sleeper explained the philosophy of this three year school, which intends to help the student develop some skill through practice in nursing in the third year. Modifications of the third-year program originally designed as "an internship" in years past have had to do chiefly with classes; the proposals this morning, with Clinical practice. "Internship" is a term we no longer use, at the recommendation of the National League for Nursing.

Miss Keeley Chairman of the third year, presented the plans of the third-year teachers for the program in the year 1966-1967. (Mimeographed copies of plan were distributed and discussed in detail). These include:

1. Division of year into 4 quarters of 13 weeks (last quarter 14).
2. Appropriate classes in each quarter.
3. Decrease in number of floors used for educational experience.
4. Discontinuing use of three floors for night assignment.
5. Six instructors plus one for the Recovery Room.
6. Decrease of night assignment from two months to five nights (really 4 except in fourth quarter, because of increase in time spent in classes) with no night assignment in first three weeks of any quarter.
7. Decrease of evening assignment from 65 maximum (including BLI and McLean) or 41 at MGH in the Senior year to 21 at MGH during Senior year.
8. A full day for classes for all students on a given ward, thereby freeing instructors for Ward assignment (instead of giving the same class twice each week).
9. Teachers to spend more time on wards, to make out time and to assign patients to students for the first three quarters in a cooperative venture with Head nurses where Service is responsible for patient care since the School is a guest on the Wards where Service is responsible for patient care. Continuity of patient assignment a desideratum.
10. Practicum: a period in which student works more closely with Service. Head nurses to make assignments with involvement by Instructors, to help student learn further to organize, develop judgment and to gain some well founded security. Head nurse to write evaluations.

Weekly conferences of an hour or more to be held by the School, to help students see what they have learned.

Miss Hardeman read several definitions of "Practicum" - from the 1937 Curriculum Guide (NLNE) and Webster's 1964 Dictionary. Miss Sleeper referred to need for caution in use of a term, and suggested that we think of it as "a culminating experience in the last quarter in which student brings to bear all her theory in a given situation" - so that student sees this as a learning opportunity, with greater independence and responsibility.

Miss Lepper emphasized that the School does not "cover the wards." Nursing Service does this. When a student is on the Wards, she is extra, in addition to the nursing staff. This being so, the request of ~~the~~ School for practicum for the students on certain wards must be carefully considered. Students in the first three quarters are on the wards only for learning. Their names should not appear on the nursing service time sheet at all, but on the school sheet. "To the Service, the School does not exist."

This will undoubtedly take much time and explanation before Head nurses clearly understand. They should have statements in writing. Purpose of evening and night assignments must be carefully explained by the school to Head nurses. The School would like to have instructors with students at these hours.

A serious problem for head nurses: Heavy concentration of student numbers on the Wards, especially Bulfinch. Students from Simmons, McLean and Northeastern University. (Three year and five^{yr} plans) will be present at the same time.

The need of instructors to know patients, ward routine, MGH practices in order to implement this plan was discussed in some detail.

Miss Lepper asked Miss Grady to consider the implications for the Childrens' Ward if incoming Seniors were not assigned there for August 1966. (At Curriculum Committee last week, there had been general agreement that the school should honor the plan made with Miss Lepper in February 1965 for September 1965 - August 1966). This might help the Service Personnel to understand more clearly that the School is a guest, not an integral part of the Service. (Some incoming Seniors have been assigned to Clinics and Pediatrics during August for the past several years).

Need for all personnel, School and Service, to feel at ease in admitting their inevitable ignorance of many matters at MGH!

Why have certain specific floors been eliminated for senior assignment? The limited number of instructors available to work with students, and the time required for travel between wards.

Eventually the hospital must decide what groups of students of all kinds it will accept for experience in its divisions. More than 50% of Harvard's Medical Students, for instance, are assigned here. Boston University would like to send Nursing students here. Student practical nurses learn here.

Helen Sherwin
Acting Secretary

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

MINUTES OF THE COORDINATING COUNCIL

Date: Monday, May 9, 1966

Time: 10:00 a.m. - 11:50 a.m.

Place: Archives Room

Present: Miss Sleeper, presiding: Misses Brady, Coghlan, Corkum, Grady, Hardeman, Huggard, Lepper, Petzold, Quinlan, Tapper, Zinsmeister; Mrs. Nozawa.

Absent: Misses Farrisey, Perkins, and Sherwin.

The minutes of the meeting of January 10, 1966 were approved as circulated.

Agenda

- I. Continuation of discussion of changes in the third year curriculum of the School. There were no questions and the only comments were that 1) although some wards are overcrowded with students seeking experience at the present time, there should be no problem in the Fall; 2) no problems are anticipated in staffing units during the periods in which students will have evening and night experience; 3) nursing service personnel appreciate the clear-cut planning and expectations of their roles as well as those of the teachers.
- II. Discussion of the proceedings of the Council of Member Agencies, Department of Diploma Programs, National League for Nursing, held in St. Louis, Mo., May 6 and 7, 1966.

Misses Sleeper and Brady, both participants, reviewed the program and led discussion, emphasizing: the decrease in diploma school enrollment which was enough to cause the graduates from all types of basic programs to be decreased last year by about 500, even though degree (A.S. and B.S.) graduates increased by about 1,000. In order to meet the demands of population growth and Medicare and non-civilian demands, the number of graduates must increase by several thousand. (Medicare will cause a 5% increase in occupancy of hospital facilities. Noted especially is the wide coverage of this plan now to eligible children, perhaps their parents as well as those over 65 years of age.)

Three hundred and fifty diploma programs in the country are shorter in length of program than we are, the shortest being 64 weeks. M.G.H. program is 141 weeks (will be 139 in Fall with new Senior Program plan), excluding vacation. Most A.S. programs are 96 weeks. The shorter programs often have prerequisites in the sciences or practical nursing preparation.

A number of diploma programs are closing. Many, but not all, are giving over their teaching facilities to degree programs.

It was difficult to assess the feelings of the council members concerning the eventual phasing out of diploma programs, although a resolution to this effect (in favor) passed by a very slim majority.

It was predicted by one speaker that the nurse shortage will become so acute that salary increases of 30-50% will be evident within 2-3 years. This should help attract men as well as women to nursing.

The second area of discussion was the impact of Medicare on diploma education in nursing. Skills and experiences needed were listed, as well as the significant increase in numbers of graduates. Skills needed by nurses in meeting demands of Medicare, especially, are greater knowledge of community resources, knowledge of chronic illness, and rehabilitation nursing, psycho-social orientation, acute observational skills, knowledge of new developments in medicine. It was pointed out that large numbers of patients will be in nursing homes, and this should be an area of undergraduate experience. Other desirable experiences are O.P.D., referral writing, diversional activities. The need for strength in Inservice Education was emphasized and nursing services and faculties are urged to use each other as resource persons. The specialties can come after graduation; the Basic Skills of Nursing built on a strong science foundation fill the pre-graduate years.

Ensuing discussion touched on need for nursing service personnel to stay abreast of educational planning and prospects, need for schools to inform services just what their graduates are prepared to do, how much are new graduates expected to be administrators as well as patient care managers.

Respectfully submitted,

Emily Zinsmeister
Secretary pro tem

EZ:BF

MASSACHUSETTS GENERAL HOSPITAL
Nursing Service

Nursing Service Administrative Committee Meeting
November 16, 1966

Presiding: Miss Lepper

Present: Misses Coghlan, Corkum, Farrisey, Grady, Hardeman, Euggard, Mahoney, Petzold, Quinlan, Sherwin, and Sister Kateri

Boston VNA
appointment

Miss Alice Dempsey, General Director of the Visiting Nurse Association of Boston, announced the appointment of Mrs. Norma Holt as Assistant Director. Mrs. Holt's primary responsibility will be personnel management. Mrs. Penelope Hope, Associate Director, will be concerned primarily with the administration of the Nursing Service program and special projects. The expansion of the Administrative Staff is due to the increased involvement of the agency in community projects, home health services, and extended supervision to selected VNA's outside Boston.

Massachusetts
Conference on
Social Welfare

Right Rev. Francis J. Lally, Editor of THE PILOT, will be the speaker at a dinner meeting of the Massachusetts Conference on Social Welfare.

Requests for
materials

Numerous requests continue to come to the Nursing Service office from a variety of sources (Matrons from England, and students from Georgetown) asking for "anything you can send", "material on your intensive care units", etc.. At times it is difficult to interpret requests; at times it is impossible to comply.

Patient care
planning

A letter from Daphne Corbett, consultant in Nursing Service for seven hospitals in the Rochester, New York, area, was shared with the group. She told of her orientation to the plan for better patient care after leaving the hospital. Three hospitals have Public Health commissioned nurses to plan for the care of dismissed patients. They receive referrals, visit the homes, write plans. The problems encountered include time, lack of 'know-how' for teaching, Head Nurse's lack of knowledge of community resources and inability to identify realistic patient needs, poor referrals, poor co-operation with social service. She stressed the need for Nursing education to emphasize extended care and the need for Nursing Service to prepare the Head Nurse to teach patient and to plan his care both in the hospital and after discharge. At the MGH, we face the future possibility of patients going home instead of to other facilities. Dr. Knowles is interested in a Home Care Program and Miss Lepper and Miss Clark are working together to see what can be done.

Suggested reading: Taking the Hospital to the Patient, a summarization of an experiment in four hospitals with home care programs.

Charlestown
Project

Dr. Simons, psychologist from the JFK Center in Charlestown, visited Miss Lepper at the request of Mr. Henry Murphy. He is interested in meeting with Nursing Service and Nursing Education to inform nurses of the Charlestown Urban Renewal and Rehabilitation Project. His primary interest is "Human Renewal" (Head Start program, tutoring program, etc.). He has a willingness to share some of his work and experience. Possibilities include field work experience for students and observations in the mental health program for supervisory staff and personnel in the Staff Education department.

Co Team
Leadership
Experience

The Co-Team Leadership experience for senior students began in September on White 6 and White 7. The value of this experience on these two busy floors during a particularly busy season, with minimal staffing, was questioned. Problems encountered by Nursing Service included: few opportunities to assign new graduates to team leadership, instructors and students overwhelmed by the staffing, and the rise of misunderstandings.

Nursing Education is willing to go to other floors and has recognized the problems also. The valuable experience on these two floors could be used to foster care of the critically ill rather than to gain leadership experience.

Psychiatric
Nurse-Clinician

A highly successful venture in nursing began in July with the appointment of Miss Carolyn Bascom as 'Psychiatric Nurse-Clinician'. The major objective of the collaboration between psychiatry and the medical unit was to provide a qualified psychiatric nurse to assist in developing 'total care' of patients and to help the staff meet the emotional needs of the patients. After only a few months, Miss Bascom is well established in the program and is well accepted in Bulfinch. She receives referrals, visits patients, conducts team conferences and in-service programs in a quiet, unassuming, but very effective way. Her goal at present is a decrease in the number of referrals which will mean an increased ability of the nurses to handle situations.

Experiment in
initiating
nursing care
plans

Miss Mahoney has been appointed to do a different kind of creative type nursing. She will have a case load on Bulfinch 5. Her aims include the involvement of Social Service early in the patient's stay, and the eventual use of nursing care plans for every patient. Miss Bascom will assist with interview skills.

Operation
"Bridge"

A new approach to orientation of the collegiate graduate in her first job is underway. Miss Mary Ann Garrigan holds weekly "T-group" sessions with a group of 'volunteers' in an effort to separate truth from fantasy, and to help the new graduate adjust more easily and do a better job.

Scholarships

There are fewer scholarships this year (112, 1965; 80, 1966), the number increasing for Nursing Education and decreasing for Nursing Service. Of the group continuing their education, only five are in nursing programs. There is an increased emphasis on psychology and the social sciences.

Nurses for Viet Nam

We are negotiating with the State Department to furnish "vigorous training" for 20 graduate nurses who will be going to Viet Nam. These nurses will come in March for a period of 6-8 months and be paid by the government during that period. The experience must be well planned because they may be the only nurses in their areas or hospitals. Reassurance was given that even if the war ended there would be need for more nurses to replace the work now being done by the Armed Forces. The plans have not been finalized.

Budget for staff

The Budget has just been reviewed and Nursing Service has a tremendous responsibility not to be extravagant and to justify every hour of care. Administration has been most generous, and we are grateful. Overtime and the hiring of hourly personnel must be carefully planned. The following statistics show the increased staffing:

	<u>1966</u>	<u>1965</u>
Full-time staff nurses	521	484
LPN's	129 3/4	98
Average patient census	1042	958

Potential sources of cross-infection

Mr. Tateosian was introduced and the group was asked to brainstorm for problems which he, as a bacteriologist, could work on in an effort to reduce danger of cross infections. The following were mentioned as very real problems:

- ice chests
- water pitchers
- pharyngeal suction sets
- ventilating and heat grates
- dirty equipment en route to CSR
- wooden and canvas laundry carts
- waste disposal
- ripped liners saved for re-use
- nursery precautions
- extermination methods
- control of colds and G. I. upsets

Records Committee report

1. All discharges must appear in the patient's record, either on the front sheet or on the doctor's order sheet.
2. Illegibility of lab slips on the ward patients is a problem. Of particular concern is the doctor's illegible name which results in his patient's discharge before he sees the results of the tests.

Also discussed were abbreviations and the illegibility of the doctor's order book as well as concern for the increasing bulkiness of the patient's record.

Lamson Tube
System

The Lamson Tube System will be shut down in January for an unknown period of time while a new automatic system will be installed. The group was asked to consider possible solutions to this communications problem.

Northeastern
University
Co-operative
Students

New Northeastern Co-operative students will be coming to the wards in December for Freshman experience. Numbers of students for the different areas will be sent to the Assistant Directors.

The meeting adjourned at 1:15 p.m.

Respectfully submitted,

Sister Kateri

11/21/66

COORDINATING COUNCIL

MINUTES

TIME: Monday, January 16, 1967; 10:00 A.M. to 12:15 P.M.

PLACE: Moseley Building Archives Room

PRESENT: School Misses Brady, Hardeman, Mahoney, Petzold, Sherwin

Service Misses Coghlan, Corkum, Grady, Huggard, Lepper, Quinlan, Tapper
Sister Kateri

ABSENT: Miss Farrisey

GUEST: Miss Patricia Vinal

AGENDA:

- I. Miss Vinal reported on the current approach to team teaching of Nursing I. Three groups of instructors are working with freshmen in the White, the Baker, and the Bulfinch, each with a team leader (Mrs. Walker, Miss Miller, Mrs. Nozawa). Philosophy, objectives, and content are the same; method and sequence vary. Careful planning by each team has been essential. Ten instructors, 132 students (3 or 4 instructors with 44 students) have found greater flexibility, more teaching of individuals as the group being taught is smaller, and, therefore, greater satisfaction. Problems: 1) Necessary repetition (four sections to be taught) has surprised new instructors; 2) physical facilities - our three conference rooms are in heavy demand, variation in demand for laboratory, projectors, and other things when the sequence is not uniform. Instructors new to this School have felt themselves rapidly assimilated, but their need for orientation has not been completely met, and next year this must be given more attention. Instructors have commented on personal satisfaction of greater responsibility despite a heavier teaching load. Students have seemed challenged and highly motivated. Still uncertain: effect on students' rate of learning.
- II. Interession Program for Junior Students August 1966 and August 1967 (end of Year II.)
Miss Mahoney reported on this program of four weeks reorientation to MGH after affiliation, consolidation of previous learning experiences, (sustaining and strengthening personal motivation to learn) broadening knowledge of community facilities.

Two halves of the class had 67 hours of clinical practice (Pediatrics, Clinics, or selected floors elsewhere) and a number of classroom hours. In addition, there were 49 hours of independent study preparatory to seminar presentation (habilitation or rehabilitation) to the whole class. This involved visits and interviews in 50-60 facilities outside the Hospital, for 1 to 15 students at a time, about 3 visits per student. Outside agencies were amazingly cooperative and

enthusiastic in receiving students. (Settlement houses, camps, various hospitals and nursing homes, Boston Public Schools, agencies concerned with specific illnesses and social problems, etc.)

In 1967 there may be three-thirds instead of two halves of the class (Maternity Nursing).

In most cases students made their own arrangements with agencies. The School sometimes wrote official notes. Students also wrote thank-you notes to helpful individuals.

General agreement: stretching imagination, seeing continuity of nursing care, growth in responsibility. Copies of students' evaluations were distributed.

III. Employer ratings of graduate nurses for purposes of follow-up study of its graduates by a school of nursing.

This School needs information about its graduates and asks the Nursing Service to share its experience in rating nurses as employees.

Opinions expressed: Check lists prepared by others are irritating because their categories are not always suited to use by others. Too great length, requests for evaluation too soon or after too brief employment are other objections.

At MGH in the Fall, about 200 new graduates of 75 schools are employed. Each school requesting follow-up information asks about different things. This school ought to know what these categories are. In the long run, MGH Nursing Service disregards check lists and writes its own report of a nurse, commenting on these aspects: appearance, performance, relationships, leadership, attendance (health record), attitudes. The problem is to match the nurse to the situation.

An employer should have at least 6-8 months to observe an employee. The MGH Nursing Service prefers not to write references for those employed less than 6 months.

IV. Miscellaneous

A. New obstetrical experience at Boston City Hospital. Miss Hardeman reported on this at Miss Coghlan's request.

B. Nursing Service Annual Report - comparison with 20 years ago. Miss Lepper offered some figures about numbers of employees and implications for the School. Can this information somehow be shared with instructors and others? Students have been withdrawn from the service load to a great extent; technical demands today have been incredibly increased. Miss Lepper recommended, with the unanimous approval and support of all Nursing Service personnel present, that the names of all students be listed on a time sheet separate from that of employees. The effect of this would be to help to emphasize the educational purpose of clinical assignment of students. (This practice has long been followed for freshmen.)

- C. Phillips House 2: a Coronary Care Unit of 6 beds is to be begun soon.

Baker 6 declared a critical care and coronary unit, has not been made so as yet.

- D. The Coronary Care Plan begins today; over 2 weeks and from early morning to 11 P.M. 80 hours of instruction will be given to nurses who have been removed from care of patients. Eventually an instructor may be invited to attend this valuable postgraduate education. Pretesting and evaluation are planned for this course.

Respectfully submitted,

Helen Sherwin
Acting Secretary

MASSACHUSETTS GENERAL HOSPITAL

Coordinating Council - The School of Nursing and Nursing Service

March 15, 1967

Present: Miss Lepper presiding.

Miss A. Brady, Miss A. Corkum, Miss H. Coghlan, Miss R. Farrisey, Miss F. Grady, Miss M. Huggard, Miss D. Mahoney, Miss N. Petzold, Miss M. Quinlan, Miss H. Sherwin, Miss M. Tapper, Sr. Kateri and Miss Leutsch, guest.

Charlestown Project: The role of the Massachusetts General Hospital in the Charlestown Project has been assigned to a sub committee of the General Executive Committee with good representation of all health disciplines; Miss Ruth Farrisey is representing Nursing. This project encompasses four agencies of the Federal Government. At a hearing two weeks ago it was asserted that the funding of monies separately for each facet of the project was not in the best interest of the total enterprise. At the conclusion of the meeting Carl Cobb stated a recommendation for composite budgeting for mass planning for the 20,000 population of Charlestown. As for the Massachusetts General Hospital, not only will it plan its own part in determining the health needs of the Community but the part of the whole Health Department (implies School Health Department as well) for the City of Boston; exception sanitation and judiciary fields. No one would lose status but become employees of the M. G. H. This project will attempt, for the first time to coordinate health services for the community. The Kennedy Center has contained within it 59 agencies; it has all the connections for a tight network of communications and in addition community action and high interest. This is a golden opportunity for M. G. H.

Scholarships: For the spring semester 80 scholarships have been approved for employees of nursing department.

Baker Memorial	13	Unit Manager	1
Bulfinch	9	Assistant Director	1
Clinics	4	Supervisor	6
Operating Rooms	15	Head Nurse	6
Vincent Burnham	7	Staff Nurse	44
Phillips House	4	Staff Education Instructor	3
School of Nursing	10	School Instructor	10
Staff Education	3	Licensed Practical Nurse	4
White	15	Hospital Aide	5
		Secretary	2

Utilization Committee: The utilization committees came about because of Medi-Care; purpose - to see that the millions of dollars spent are in the best interest of the consumers. Hospitals in order to qualify for Medi-Care were compelled to set up such a committee; the objective - to observe and verify length of hospital stay and in addition study and maintain quality of care. The M. G. H. committee was appointed by the General Executive Committee with Dr. Knowles as chairman; all chiefs of staff, Eleanor Clark, Director of Social Service and Edna Lepper, Director of Nursing Service.

This committee meets once a month. From this parent committee a working committee, under the chairmanship of Dr. Seidel has been appointed. This committee meets weekly, Tuesday at 8 A.M. Two areas of patient care being currently scrutinized by this committee is the utilization of laboratory services and the admission procedure. The task consists of a review of patients' records taken from a random sample equation by one of the members of the medical staff. A record lacking discharge orders, for example would then be sent to the Chief of that service for his review and his report sent back to the committee. Such things as abuses and lack of laboratory, x-ray etc. services are looked at with a critical eye with an aim to fostering better standards.

The Admissions Committee is struggling with policies in relation to admissions and have come up with nothing better than already in existence. The Baker Memorial carries 60 - 80 patients daily on their waiting list; they book only 6 patients a day, the rest on an "on call" basis. This list includes patients with cancer of the rectum and breast. To determine who should be admitted to this hospital is a very complicated question; should we be concerned with meeting critical illness cases? What, then, would happen to our responsibilities as a teaching institution? Cup arthroplasties is a case in point since this hospital is notoriously the major resource for this condition. Consideration of ambulatory services being made available through the use of motels for patients' pre hospital work-up is not the answer either. This would put a double strain on such services as laboratory, nursing, social service, etc. The committee, however, is beginning to see positive results of their labors. The Social Services to patients in Baker Memorial and Phillips House are seen as lacking in respect to referrals. There is an effort to correct this. Pre admission orders are being promoted. Procedures and/or practices re: follow-up post discharge are being improved, i.e. x-ray. The time is coming when we will have to look at nursing in the same way = Nursing Audit.

Central
Time
Planning:

Dr. Melbern's study completed, central time planning is now a standard system for the White Building. Miss Rusnock, a full time nurse, is assigned to this position. Its advantages are numerous; it frees head nurses of a very complex procedure; it allows for nurses on rotating shift to work either days - evenings or days - nights; it provides staff with a plan that is consistently stable; it has the potential for stabilizing quality of patient care; time slips are reliable.

Shriners
Hospital:

Shriners Hospital, a 30-bed facility, due to open in December, 1967 is for the care of acute burns in children; allowance has been made for accommodating some adults when a whole family is involved in a fire. The budget for this hospital is divided to provide 50% for research and 50% patient care. The administration of this hospital will be independent of M. G. H. except for the medical staff and some laboratory services. There will be a separate director and a director of nursing services. It is expected to operate at 80% occupancy especially in the beginning.

Dr. Oliver Cope has been appointed Chief with Dr. Burke and Dr. Constable associates. A psychiatrist and social worker have also been appointed.

**Nurses for
Viet Nam:**

Sister Kateri reviewed progress to date in planning a program to prepare 12 nurses (recruited by Miss McNeal) for civilian nursing in Viet Nam. Only two of the twelve have experience, others vary from four months to one and one-half years. They will be in training at M.C.H. from March 27 to Sept. 1, 1967. Prior to their coming they will have had three weeks sensitivity training, six months preparation in the language of the country, dermatology and tuberculosis nursing. They will ~~not~~ require O.R. experience. Their nursing preparation will be basic with emphasis on teaching by example, ward management and supervision of personnel. Classroom experience will be structured in seminar arrangement. Program will include experiences in medical, surgical, orthopedics, care of injuries, immunization clinics, and some with children (general). Here-to-fore this country has provided Viet Nam with experienced nurses as consultants. This is an experiment and we are the guinea pigs. We have to prove that at least 50% of the student's time has been educational.

**This Week
A.H.A.News:**

Hospital costs rose 16.6% in Sept. 1966. It is estimated that this year it will be 18.6% more than in Sept. 1967.

**Relation-
ships-School
and Service:**

Miss Lepper set the climate for an objective appraisal of relationships, especially within the patient care units, between students, instructors and head nurses/staff. What three things make it difficult for students and instructors? was the spring board used. Miss Lepper took the initiative by reflecting on the attitude of the head nurse. Is it a positive one that makes possible an educational climate or are students and instructors viewed as a nuisance? The discussion which followed was open, frank and objective. It appears there is much to be desired in head nurse-instructor working relationships in some areas. In others, students are finding^{it} difficult to cope with some of the situations that they are exposed to especially conflicting values in respect to the patient as an individual. This is an area worthy of further exploration and will be continued at another time.

Meeting adjourned at 12 Noon.

F. C. Grady, R. N.
Secretary Pro tem

MASSACHUSETTS GENERAL HOSPITAL
NURSING DEPARTMENT

MINUTES OF COORDINATING COUNCIL

DATE: Monday, May 15, 1967
TIME: 10:00 a.m. - 12:00 noon
PLACE: Archives Room, Moseley Building.
PRESENT: School Mrs. Blackwell; Misses Brady, Hardeman, Petzold, Sherwin.
Service Misses Corkum, Grady, Huggard, Lepper, Quinlan, Tapper;
Sr. Kateri.

AGENDA:

- I. Report from NLN Convention by Miss Hardeman, Miss Lepper and Miss Petzold.
 - A. Miss Hardeman described the strong feeling evoked over major issues, such as reorganization, which characterized the meetings. The By-laws were accepted as circulated with one editorial change and one amendment assuring that the immediate past president be a member of the Board of Directors. A motion was defeated (after much discussion) to rescind the May 1965 resolution concerning support of the trend toward college based nursing education. A resolution to endorse a variety of nursing programs determined on the basis of community need was passed. She announced that the testing service is planning to revise State Boards annually.
 - B. Miss Petzold reported from the Diploma Council meeting where the need was expressed for a common understanding between collegiate and diploma programs of definitions contained within the NLN Statement on Nursing Education. She noted that hospital administrators were especially eager to have their resolutions discussed during the meetings.
 - C. Miss Lepper, whose speech about Miss Sleeper was highly commended, summarized a speech by Eli Ginsberg. He said that the ratio of nurses to population has increased, and that he is more concerned about the educational underpinning of nursing than about the actual shortage of nurses. He noted various trends in nursing and believes that our response on the educational front has been weak, partly because nursing is outside of the mainstream of American education. He is concerned about the financing of nursing, and the need for excellent nursing administration. The importance of programs in the future such as development of nursing home personnel and clinical specialists were described.
 - D. The recipients of awards were named: among them Miss Sleeper.

Minutes of Coordinating Council continued

II. Statistics for incoming Freshman Class

- A. Two-hundred and eighty applicants have resulted in 101 accepted appointments as of April. This is 40 fewer appointments than this time last year.
- B. There have been both fewer withdrawals this year and less than half the number of applicants rejected this year compared to two years ago.
- C. The quality of the class appears to be the same judging from NLN scores (82 percentile mean score) and college board scores (530 mean verbal aptitude and 522 mean math aptitude).
- D. Three of the accepted appointees are men. Their individual qualifications were described.

III. Report of changes in Psychiatric Nursing Course

- A. Beginning in June 1968 when the McLean School of Nursing is formally closed, the MGH student experience at McLean will be reduced to 8 weeks with students being taught by MGH faculty. The McLean facility will be available to MGH students for a participant-observer learning experience. Less patient care will be expected of MGH students than is currently assigned.
- B. The Nursing School plans to continue to schedule a 12-week course in Psychiatric Nursing for Juniors. The 4-week period not spent at McLean will be open for an experience at another agency, possibly the General Hospital not excluding Phillips House.

IV. Discussion of Nursing Service Review of Student Records

- A. Miss Grady requested a method of facilitating review of senior student records by Nursing Service personnel involved with processing applications of prospective employees.
- B. A suggestion was made of exploring ways of preparing a reference to be submitted directly to the Service Department involved. This would avoid altogether the necessity of transferring student records.

V. Continuation of Previous Meetings' Discussion of Problems Related to Student Assignment to Clinical Units.

- A. The problem of lack of confidence in an instructor on the part of a head nurse was raised.
 - 1. Channels available for dealing with this problem were clarified by several Assistant Directors; i.e., head nurse to supervisor to faculty Coordinator to teacher.
 - 2. Miss Grady suggested that more direct communication between head nurse and instructor might be fostered if their initial introduction were more formalized.
 - 3. The need for good communication between head nurse and instructor concerning the aims of the newly formed Senior program were emphasized.

Minutes of Coordinating Council continued

- B. General agreement was reached over the need for implementing a previous decision to remove students from the staff time sheet.
1. It is hoped that this will allow for more realistic staffing patterns for the non-student staff.
 2. It may influence the appreciation of the student's role on the clinical unit by the head nurse and contribute to reducing friction from conflicting interests.

The discussion of these topics was terminated but not completed.

Respectfully submitted

Marian Blackwell
Secretary pro tem.

MASSACHUSETTS GENERAL HOSPITAL

Nursing Department

November 13, 1967

Minutes of the Coordinating Council

Present: Miss Macdonald, presiding; Miss Hardeman, Mrs. Fortman, Miss Petzold, Miss Sherwin, Miss Brady, Sister Maguire, Miss Corkum, Miss Regan, Miss Quinlan, Miss Coghlan, Miss Huggard, Mrs. Lawrence, Miss Grady.

Absent: Miss Lepper, Miss Farrisey.

Introduction: Miss Macdonald set a nice tone as she opened the first meeting of the Coordinating Council. Her introductory statements served to bring the two groups together in a common bond, the problems and issues facing nursing today and the similarities in the effect on school and service. Obvious shortages affect the school and the nursing service. The problem of numbers is of concern at the staff production level and service production. Utilization of faculty is much a matter of concern to the school as is the utilization of nursing service personnel to Nursing Service. Changes in nursing education are as necessary as are changes in nursing practice.

Student Nurse Employment Policies: The employment of student nurses is set up as two separate procedures, employment as an undergraduate for a brief period (as brief as four hours) is controlled by the school, i.e. authorization to work, assignment, payroll, etc.; employment for a longer period of time (one-three weeks) is processed by the Personnel Department and is the responsibility of Nursing Service. The point was made that in the situation where the school has control the assignment is determined by the students limitations and thereby, a factor favorable in the best interest of the patient as well as the student. In the practice of longer employment, the school feels an obligation to interpret the limitations of the beginning senior student, i.e. medication administration and co-team leader experience particularly. There have been a few instances when the student in the latter situation has been acting as a team leader, another instance, when employed as an aide, was assigned medication administration. Nursing Service agreed that they had an obligation to look at the problem and set up some guidelines, they should review whole process with Mrs. Flaherty and the Personnel Department. The School of Nursing will review the whole process with an eye to tightening up the controls; they should determine whether a student employed should or should not wear the student uniform.

Senior Program, School of Nursing: The members of the Nursing Service outlined some problems related to the assignment of senior students to the units.

1. The availability of the faculty to supervise on days, evenings, nights.
2. The instability of the assignment, i.e. either feast or famine.

Approved 1/15/68
H. Blum
Commendations!

Further follow-up
here.

- Senior Program School of Nursing Cont'd:
3. Conflict - new staff members' and students' orientation needs, i.e. medication administration.
 4. Assignment of student in a given wing when one staff nurse covering two wings as team leader - ? available supervision.
 5. Wisdom of assignment - e.g. instance when all patients were being discharged.
 6. Faculty member unfamiliar with area.

Discussion Points. Foregoing brings out whole problem of change in Nursing Education and what happens in the laboratory when student is sitting reading records.

Philosophy of senior program - do not wish to over-supervise student - help her feel more part of the team. Student - teacher ratio good in the opinion of the faculty. Objectives of first quarter - student to look at the role in depth, second quarter - overall membership in the care-taking group - leadership, third quarter - ability to carry responsibility of beginning graduate. Faculty have considered not putting students on nights.

Recommendation: School has to make the decision as to what is their responsibility to the student. The student should be getting the supervision of the faculty member. Both school and service need to look at major issues to see what changes need to be made in light of goals to be accomplished. Both has the right to clarify roles and relationships. What are the rights of the student? What are the rights of the service personnel? The onus is on the hospital, their philosophy for education is an integral part of this institution.

Role of Nurse Clinician: Miss Quinlan and Miss Grady reviewed status of the Nurse Clinician Role. Development of Special Care Units is forcing us to look at organizational structure and evolving role of Staff Education.

Miss Petzold expressed interest in Nursing Service attending a faculty conference for the purpose of sharing developments in nursing. Miss Regan would be willing to share her impressions of the problems the new graduate faces in her new job.

Meeting adjourned at 12.10 P.M.

F. C. Grady, R. N.
Assistant Director
Bulfinch Vincent Burnham
Secretary Pro Tem

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

MINUTES OF THE COORDINATING COUNCIL

Date: January 15, 1968

Time: 10:00 a.m. to 12:00 p.m.

Place: Gibson Room, Palmer-Davis Library

Present: Miss Petzold, presiding; Misses Brady, Corkum, Coghlan
Grady, Hardeman, Huggard, Lepper, Macdonald, Guinlan,
Sherwin and Mrs. Fortmann.

Absent: Miss Farrisey, Mrs. Lawrence, and Miss Regan

Minutes: The minutes of November 15, 1967, were accepted as circulated.

Old Business:

I. Student Nurse Employment Policies

Miss Petzold announced that the Executive Committee voted that the student nurse shall not wear her school uniform when employed by Nursing Service.

Miss Lepper explained the necessary changes in employment policies for the students. First, students will not be employed until they have been in the School for eighteen months. At that time they will wear a white uniform of their own and will pay for their own meals and room. The reasons for these changes are economical; the Nursing Service cannot supply uniforms for the students because the number to be kept on hand would be great.

II. Senior Nursing

Miss Hardeman expressed her gratitude for the cooperation of the Nursing Service in changing a few senior students' rotation plans.

Miss Petzold commented on the faculty-student ratio. The School has done well in attracting applicants for teaching positions, but problems arise when the timing of vacancies does not correspond to the influx of applications. Vacancies in the Senior Nursing program have been lessened, and the student-teacher ratio should be improved as this new year begins.

New Business:

I. Proposed Changes in Second- and Third-Year Programs

Miss Hardeman distributed a proposed rotation plan for the year 1968-1969.

A. Operating Room Experience

The School hopes to change this experience from the third year to the second year of the program. Hopefully, principles gained during this experience will be especially beneficial to students as prerequisites to the Senior Medical-Surgical Comprehensive and Intensive Care experiences.

The budget request of the School will include three instructors for operating room nursing, since in this transitional year both juniors and seniors will have this six-week rotation. Anticipated figures indicate that thirty to thirty-five students will be rotating to the operating rooms every six weeks.

Discussion followed in which Miss Coughlin mentioned her disappointment that the overlap week at change of rotation will be discontinued. Miss Lepper stated that, as gaps occur in student clinical appearances, regularly employed personnel must assure continued, smooth patient care services. She expressed some concern that the students may lose some of the "real" experiences as these gaps and changes occur.

B. Maternal-Child Health Nursing

In the coming school year the Obstetrical and Pediatric rotations will combine into one twenty-two week rotation with shared core content. This will mean deletion of the August "intercession" and a four-week junior year vacation in August.

C. Senior Nursing - Part III

This rotation will hopefully be an intensive orientation to graduate staff nurse responsibilities. Miss Lepper stated the willingness of the Nursing Service staff to make this a meaningful and effective rotation for the seniors.

Miss Hardeman pointed out that under the proposed plan seniors would finish their program in August of 1969. Looking ahead, with the deletion of the Operating Room Experience in the senior year, graduation may be in June in 1970. Nursing Service will look ahead at plans to facilitate these changes considering the changes in other hospital staff in June.

D. Psychiatric Nursing

The School will begin direct control of the Psychiatric experience of junior students in 1968-1969. The twelve-week rotation will include:

1. Two weeks orientation
2. Eight weeks of clinical experience at McLean Hospital
3. Two weeks clinical experience with general hospital patients, hopefully at M. G. H.

Miss Lepper expressed sincere enthusiasm for the general hospital experience. She hopes this will provide a special opportunity for collaborative service-education efforts.

Miss Lepper at this time read a letter given to her by Dr. Sweet. The letter, from the wife of a patient, expressed her anger and unhappiness with the private duty nurses assigned to care for her husband. This letter pointed out how important family and patient perceptions of nurses and a nursing service can be.

Miss Lepper also expressed appreciation for knowledge of these program changes well in advance.

Miss Lepper said a new group of nurses in training for AID's Vietnam program will arrive soon. This is the second group to come to M. G. H.

Miss Petzold related quickly the results of the Graduate Nurse Questionnaire, completed by the graduates of the class of 1966 and their nursing service employers.

Adjournment:

I. The meeting adjourned at 12:00 noon.

Respectfully submitted,

Carla Fortmann, R. N.
Secretary, Pro-Tem.

MASSACHUSETTS GENERAL HOSPITAL

Co-Ordinating Council

Nursing Service - School of Nursing

March 20, 1968

Presiding: Miss Lepper

Present: Miss Grady, Miss Regan, Miss Macdonald,
Miss Huggard, Miss Coghlan, Miss Corkum,
Sister Maguire, Miss Petzold, Miss Brady,
Miss Sherwin

Absent: Mrs. Lawrence, Miss Quinlan, Miss Farrisey

Miss Grady: presented plans for changes in Burnham Memorial -
attached an outline.

Miss Lepper: Reported on the meeting of the Council of Teaching
Hospital Directors in New York.

1. Hospitals represented were Presbyterian, New Haven, Henry Ford, Strong Memorial, John Hopkins, University of Pennsylvania, and Massachusetts General
2. New York Hospital (1932) is going to build a new 1400 bed hospital - cost \$150 Million -
3. Self evaluation guide - not too much activity in way of the hospitals. John Hopkins has an audit nursing care committee, New York Hospital is beginning one.
4. Orientation programs for graduates from Associate Degree programs. Emphasis was on individual orientation following the formal orientation program. Strong Memorial has an orientation unit in each division.
5. Miss Laura Simms reported on a cardio-pulmonary unit in New York - 26 beds. Nursing teams are Baccalaureate degree and Licensed Practical Nurses mostly, with a few from Associate degree programs. Turnover is high because of frustrations due to high death rate. They have no head nurses or hospital aides but do have a clinical specialist.

6. John Hopkins reported on an "Institute of Nursing". It is a project and they report to the Hospital Administrator
7. New York Hospital is teaching all nurses to resuscitate and defibrillate. Licensed Practical Nurses are taught to resuscitate. They have clinicians for
 1. cardio-pulmonary
 2. Dialysis
 3. Ostomies
 4. Rehabilitation
 5. Pediatric Mental Health
 6. Family Planning

Miss Macdonald: Reviewed our guidelines for nurse clinicians.

Meeting adjourned at 12 Noon.

Respectfully submitted,

Miriam Huggard

MASSACHUSETTS GENERAL HOSPITAL
SCHOOL OF NURSING

MINUTES OF THE COORDINATING COUNCIL

Date: May 27, 1968

Time: 10:15 a.m. to 12:00 p.m.

Place: Ruth Sleeper Hall, Gibson Room

Present: N. Petzold, presiding; A. Brady, A. Corkum, F. Grady,
K. Hardeman, M. Huggard, C. Kenney, E. Lepper, and H. Sherwin

Absent: H. Coghlan, R. Farrisey, Mrs. Lawrence, M. Quinlan, and
M. Regan

Announcements:

- I. Some members of the Nursing Service Administration had not been notified of the change in date of this meeting and therefore were unable to attend. It was decided to proceed with the meeting.

Old Business:

I. Student Employment

- A. Students are now wearing white uniforms with no caps when working on their own time. Doctors are occasionally mistaking them for nurses.

Action: Miss Lepper stated that students should wear their name pins with the words "Student - School of Nursing" blocked off with tape to identify them as non-nurses.

- B. Miss Sherwin mentioned that a student who had not had recovery room experience had been employed to work there. The student involved had not gone through proper channels in the School for employment but had talked directly with Miss Coghlan. She is a repeat student who had completed Nursing II last year.

Action: Nursing Service is to be aware that the student must receive permission for employment from the School. Where she will be assigned is up to Nursing Service according to what previous experience the student has had.

- C. Senior students have been listing for Mrs. Flaherty areas to which they have been assigned since the beginning of Nursing II, freshman year. Students frequently omit their pediatric, outpatient, obstetric, and psychiatric experience.

Miss Hardeman said that this omission is probably one due to their anticipating areas that they are most likely to be needed, i.e. Baker, White. Miss Lepper said that they are placed where they are needed (most frequently Baker and White) and therefore the omission has not been a hardship on Nursing Service.

II. Senior Student Experience

- A. Miss Lepper said that having the senior students all on at one time has been a problem, as was anticipated. Some units have complained that the staff has been deprived of the care of the more interesting patients. Miss Lepper said that it is the responsibility of the head nurse to control this.

New Business:

I. Male Students

- A. Miss Brady expressed some concern about negative reactions of staff nurses to male students caring for female patients. There have been three specific instances, two involving staff nurses, one involving a supervisor.

The objectives of the School program include that the men be offered exactly the same practice as the women. Naturally, discretion in this area is used, i.e. catheterizing a young, alert female patient, etc. Reactions from female patients have been very favorable, and the students themselves seem comfortable in the situation.

- B. Miss Lepper said that this is probably more of an individual reaction and not a widespread problem. She pointed out that there have been men in all levels of nursing at the hospital, including head nurses and supervisors. There are individuals who just have difficulty adjusting to change. For example, some head nurses have difficulty accepting the unit manager as an integral part of the staff. She was appraised and pleased that there had been no reaction from the doctors. On the whole, Miss Lepper could not foresee any serious problems.
- C. Since the particular men involved seem to be handling the situation well, Miss Brady's concern is that the types of attitudes expressed in these three instances could be detrimental in recruiting more men for nursing.

II. Psychiatric Nursing Experience

- A. Miss Sherwin reminded Nursing Service that beginning in November, 1968, there will be approximately twenty-five M. G. H. second year students spending the last two weeks of their twelve-week psychiatric nursing clinical experience at M. G. H. in an attempt to learn to apply concepts learned to the general hospital patient.

The details of the program have not been worked out as yet--instructors will be involved at McLean until July. The School does not wish to use Bulfinch 7 and 8, since the objective of the two-week program at M. G. H. is to give the students an opportunity to work with patients who do not necessarily need a psychiatric consult but who may be discouraged, depressed, demanding, withdrawn, etc.

Miss Lepper suggested Phillips House as a potential area. She also observed that so little of this type of learning is applied by personnel to personnel that understanding often seems to be limited to the sick poor.

- B. Miss Sherwin said that instructors as well as students will need support in becoming oriented to and contending with the physical needs as well as the emotional needs of these patients. Some of the new faculty are currently on the McLean faculty and not familiar with the general hospital.

Action: The School will contact Nursing Service when plans are more concrete.

III. Medication Errors

- A. Miss Grady stated that there had been thirteen medicine errors recently, one involving a student with potassium chloride. Potassium chloride is now labeled in milli-equivalents in the various solutions in which it is supplied.

Part of the problem has been that nurses are not supposed to accept medication orders written in terms of volume. However, some are supplied by the pharmacy so that the doctor can order them in no other way, i.e. Tedral.

- B. Action suggested: Miss Grady said that Nursing Service would probably meet with the Pharmacy Committee to discuss this further. Dr. Knowles has also brought this matter to attention in his most recent newsletter to the house staff.

IV. Internship Program for Collegiate Graduates

- A. Miss Lepper said that Nursing Service is setting up an internship program for collegiate graduate nurses for which there has been a number of applicants. The program will be of one year's duration, offering a variety of experiences. The salary of those participating will be less than that of other beginning graduates. There will be limited enrollment. However, there may be conflicts in selecting patients for student experience.

V. Staffing

- A. Miss Lepper stated that staffing this summer will not be as adequate as it has been in the past. Successful recruiting was done at the Dallas convention, but the results will not be seen until the fall. The number of applicants has decreased this year, and the reasons for this may be explored. Possible reasons:

1. A. N. A. position paper and resultant changes, i.e. schools closing.
2. Dissatisfaction in nursing on regular units resulting from what has become the ideal and unrealistic model for care, i.e. one nurse to one or two patients on the intensive care units.

- B. Miss Lepper also said that, as our staff education program improves, more people come here to learn, then leave without feeling any commitment to the hospital. There are, however, an astonishing number of committed and dedicated persons on the nursing staff.

- C. Miss Petzold requested that there be more communication between staff education and the School of Nursing so that the School program can benefit from the experiences of staff education with the new graduate.

VI. Areas to be Used for Clinical Experience

- A. Miss Lepper stated that she has not found an easy way to duplicate the plan of assignment of all non-M. G. H. students to various floors.

1. Simmons College - will not be here in the fall. Nothing more definite is known.
2. Northeastern University - nothing definitely known.

- B. Miss Lepper suggested that, with increasing demands for similar types of experiences, different schools use different days for clinical practice. The late afternoon and early evening hours also offer good experience potential.

VIII. Dallas Convention

- A. The highlights of the National Convention were discussed.

Respectfully submitted,

Carolyn Kenney
Secretary, Pro-Tem.

CK:MKV
6/6/68

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Administration

I School of Nursing

